



# **Bannock County Mental Health Court**

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***Mental Health Court Program Standards And Practices  
Incorporating  
The Idaho Adult Drug Court  
Guidelines For Effectiveness And  
Evaluation***

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Original Protocol – March 2006

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## FORWARD

The purpose of the following document is to provide a general framework of principles, policies and practices for the Mental Health Court (hereinafter referred to as MHC) Program in Bannock County. This structure of standards and practices will:

Minimize duplication of efforts and ensure greater coordination among team members in the supervised mental health treatment program for Bannock County;  
Maximize coordination and sharing of scarce treatment resources;  
Strengthen efforts to obtain Federal and local funding; and  
Facilitate development of coordinated long-range plans for financing Mental Health Court operations.

Developed through a consensus of involved agencies, the standards include all of the elements that are considered essential to the operation of a MHC Program in Bannock County. Collectively, they represent a required minimum program model. Specific practices are also described to provide examples of actions that should be taken to ensure conformity to program standards. The standards and practices described in this document are the product of experience in operating the county's first adult drug court program implemented in September of 1998 and incorporates the Idaho Adult Drug Court Guidelines For Effectiveness and Evaluation adopted by the Drug Court Coordinating Committee on September 26, 2003.

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## INTRODUCTION

### About Mental Health Courts

Mental Health Courts are an innovative alternative to incarceration with emphasis on accountability and intensive monitoring for individuals charged with lower level felonies. The Mental Health Court removes defendants from the clogged courtrooms of the traditional criminal justice system, and places them in a new type of courtroom environment. In this environment, they undergo treatment and counseling, make regular appearances before the judge and are monitored closely for program compliance. While Mental Health Courts may vary widely in scope, organization and points of intervention, all share an underlying premise that crime committed by a mentally ill person is not simply a law enforcement or criminal justice problem, but a public health problem. Mental Health Court programs see the court, specifically the judge, as filling a role that goes beyond that of adjudication.

*Mental Health Court participants may suffer from a variety of symptoms and illnesses and, thus, lack a common starting point. The steps necessary to stabilize participants and to situate them in living situations that will maximize their effective functioning are likely to differ considerably from individual to individual. While a goal for substance abusers can clearly and measurably be abstinence within the timeframe of the Mental Health Court treatment program, such a practical framework is not so readily available in the treatment of mental illness. Court's cannot say, "be cured within 12 months." They can expect that participants successfully follow the steps to improved functioning outlined in a treatment plan agreed upon by the*

*participant and the mental health professionals. Thus, the challenge for setting achievable milestones for Mental Health Court professionals is more complex and the functional equivalent of graduation may differ considerably from individual to individual.<sup>1</sup>*

The MHC will focus on substance abuse treatment as well as treatment for co-occurring disorders such as Bipolar Disorder, Schizophrenia and severe depression.

Mental Health Courts are built upon a unique partnership between the criminal justice system and the treatment community, one which structures treatment intervention around the authority and personal involvement of a single Mental Health Court Judge. Mental Health Courts are also dependent upon the creation of a non-adversarial courtroom atmosphere where a single judge and a dedicated team of court officers and staff work together toward a common goal of breaking the cycle of untreated mental illness, drug abuse, and criminal behavior. Because of the unique problems and opportunities that present themselves in working with mentally ill criminal defendants, treatment and rehabilitation strategies must be "reality-based."

### **About the Mental Health Court Program**

The Bannock County Adult MHC program is a voluntary post-conviction program for offenders who are mentally ill and have not been successful in their compliance with treatment. The four-phase program consists of intensive supervision of clients by a mental health professional, frequent appearances before the MHC judge, mandatory mental health counseling, regular attendance at cognitive change classes, and mental health substance treatment, and substance abuse testing. The first three phases operate on a point system. For each completed activity, (such as attending a meeting with the probation officer or going to counseling) the defendant will receive one point. When the required points are reached for that phase, the defendant becomes eligible to advance to the next phase.

Upon completion of the first three phases, the client will enter Phase IV, a minimum of six months in a continued care program. The entire program length, which is determined by the participant's progress, will not be less than 14 months. At the discretion of the BCMHC team the client may be placed on formal/informal probation for a period of time to be determined by the BCMHC team.

The BCMHC program is for mentally ill offenders. Unfortunately, the community mental health systems are not ideally suited to all individuals with mental illness. In particular, there are individuals with serious mental illness who either do not volunteer for treatment, or they are not compliant with the treatment they do receive. These individuals may be homeless, abuse drugs and/or alcohol, and engage in minor criminal behavior. They often have a history of recurring hospitalization. Increasingly, those treatment-resistant clients find themselves incarcerated in local jails and state prisons.

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<sup>1</sup> *Emerging Judicial Strategies for the Mentally Ill in the Criminal Caseload* by John S. Goldkamp and Cheryl Irons-Guynn, CJRI April 2000

## **Mission Statement**

The goal of the Bannock County Mental Health Court (BCMHC) is to improve mental health, promote self-sufficiency, reduce recidivism, and offer cost effective alternatives to incarceration and hospitalization for participants. The BCMHC provides community protection with an integrated continuum of care through the development and utilization of community resources. The BCMHC holds defendants accountable and assists offenders to achieve long-term *stability*, become law-abiding citizens, and become successful family/community members.

## **About the Bannock County Mental Health Court Program**

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The BCMHC program is for mentally ill offenders. Unfortunately, the community mental health systems are not ideally suited to all individuals with mental illness. In particular, there are individuals with serious mental illness who either do not volunteer for treatment or they are not compliant with the treatment they do receive. These individuals may be homeless, abuse drugs and/or alcohol, and engage in criminal behavior. They often have a history of recurring hospitalization. Increasingly, those treatment-resistant clients find themselves incarcerated in local jails and state prisons.

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### **I. CURRENT ELIGIBILITY STANDARDS INCORPORATING STATE GUIDELINES FOR ELIGIBILITY**

- 1.1. No person has a right to be admitted into Mental Health Court. [I.C. §19-5604]
- 1.2. No person shall be eligible to participate in Mental Health Court if:
  - (A) The person is currently charged with, has pled or has been adjudicated or found guilty of, a felony crime of violence or a felony crime in which the person used either a firearm or a deadly weapon or instrument. [I.C. §19.5604.b.1]

(B) The person is currently charged with, or has pled or been found guilty of, a felony in which the person committed or attempted to commit, conspired to commit, or intended to commit a sex offense [I.C. §19.5604.b.2]

- 1.3. Each Mental Health Court will define its target population, identify the characteristics of that target population, including criminogenic risk and needs, and establish written criteria for Mental Health Court acceptance and exclusion. This manual establishes Bannock County's target population and acceptance/exclusion criteria.

*Consideration for admission to the MHC Program shall be limited to those defendants who meet the following criteria:*

- Medium to high-risk adult defendants diagnosed with schizophrenia, schizoaffective disorder, bipolar disorders, severe mood disorders, psychotic disorders, delusional disorders, and/or borderline personality disorder and demonstrate 2 or more functional limitations. Risk level determined by LSI. *Mental Health diagnosis must come from a psychiatrist.*
- Cases will be screened for eligibility. The screening team consists of a deputy public defender, deputy prosecutor, deputy clerk, treatment provider, probation officer and coordinator. Input may be requested from law enforcement on candidates' appropriateness for Mental Health Court.
- No hold from any other jurisdiction.
- No pending cases or prior convictions for sexual or violent offenses.
- Other pending felony charge(s) may make the defendant ineligible.
- Must be a Bannock County resident.
- Clients must fit eligibility criteria – Mental Health Court is not to be used as a plea-bargaining tool.
- Must be on active, supervised felony probation.
- Must be ACT Team eligible

## **Practices:**

Final determination on the admission of a defendant to the MHC Program shall be made by the screening team based on the criminogenic risk and needs assessment (e.g. Level of Service Inventory hereinafter referred to as *LSI*) results, and recommendations from defense counsel, law enforcement and the treatment evaluator<sup>2</sup>.

- 1.4 Each Mental Health Court will establish a written procedure for deciding how individuals will be considered for acceptance into Mental Health Court, including who will have input into that decision and giving final control to the Mental Health Court judge.

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<sup>2</sup> Availability of enrollment in the program may be limited due to funding and/or supervision limits.

**Standard:**

*The Department of Correction will assist the Mental Health Court Judge and the Prosecuting Attorney in determining the overall suitability of defendants for the program by completing a standardized Risk Classification Assessment for eligible defendants.*

**Practice:**

The MHC will use the LSI screening instrument prior to acceptance into Mental Health Court in combination with a substance abuse evaluation. Risk assessment factors contributing to admission into the MHC Program include most recent address and a summary of the defendant's prior criminal history for offenses other than those which would “automatically” exclude the client but which may be helpful in determining suitability for the MHC Program. Consideration of risk assessment factors is discretionary and shall be used by the staffing team on a case-by-case basis. The risk factors will also help determine treatment needs.

**Standard:**

*The Mental Health Court Treatment Counselors shall assist the Mental Health Court Judge and the Prosecuting Attorney in determining the overall suitability of defendants for the program by interviewing eligible defendants and summarizing background and/or drug history information that may bear on the individual's potential for success in the intensive Mental Health Court treatment program.*

**Standard:**

*The Mental Health Court Coordinator shall assist the Prosecuting Attorney in determining the overall suitability of defendants for the program by providing a copy of the incident report containing the defendant's most recent address and a current criminal record check which may bear on the individual's potential for risk to the community as well as the individual's potential for success in Mental Health Court.*

- 1.5 The Mental Health Court should identify eligible individuals quickly, screen them as soon as possible, advise them about the program and the merits of participating, and place them promptly in the Mental Health Court in order to capitalize on a triggering event, such as an arrest or probation violation, which can persuade or compel participants to enter and remain in treatment.

- 1.6 Coerced treatment is as effective or more effective than voluntary treatment. Participants should not be excluded from admission solely because of prior treatment failures or a current lack of motivation for treatment. Mental Health Court should implement motivational enhancement strategies to engage participants and keep them in treatment.
- 1.7 Payment of fees, fines, and/or restitution is an important part of a participant's treatment, but no one, who is otherwise eligible, should be denied participation solely because of inability to pay, although graduation may be delayed until balances are paid.

**Practice:**

Clients are informed that they are required to pay all costs of treatment, drug testing, supervision and program fees prior to graduation. The various agencies collecting these fees are to report to the Coordinator any unpaid balance prior to the client's graduation. If extension of the graduation date may be necessary, the Coordinator will notify the Mental Health Court judge.

- 1.8 Cooperation among Mental Health Courts is encouraged, within the constraints of available resources, to facilitate transfer of eligible applicants or current participants to the Mental Health Court that is most accessible to them.

**Practice:**

The Coordinator should be contacted for requests to transfer a case from another jurisdiction to the Bannock County MHC. The MHC screening team will review cases upon request. The Coordinator will contact Mental Health Courts in other jurisdictions within Idaho for potential transfer of a Bannock County MHC case.

- 1.9 Participants with a mental illness should be accepted and/or retained in Mental Health Court if the evaluation indicates they are amenable to the Mental Health Court model, including imposition of a reasonable range of sanctions and incentives.

To be eligible to participate in the MHC program, the clients must:

- Have the capacity to manage the structure of MHC. Those with a mental health diagnosis other than Bipolar Disorder, severe depression or Schizophrenia may be excluded from the program. Those with disruptive behavior or not in need of mental health treatment may be excluded from the program.
- Have a criminal history and be identified as having mental illness for which treatment attempts have been unsuccessful.



## **Expectations:**

The following are certain expectations that each offender must meet but are not limited to:

- Each offender shall be employed full time<sup>3</sup>.
- Each offender shall have maintained at least six months of continuous sobriety prior to graduation from the program. The program length may be extended if necessary to allow for this.
- Offenders shall obtain their high school diploma or GED before being discharged from the program unless waived by the Judge.
- **Each offender shall bear the costs of urinalysis and costs of counseling.**
- Each offender shall have a permanent residence and telephone within Bannock County and shall obtain permission from the probation officer **prior** to any change.
- Each offender shall pay costs of supervision and monthly Mental Health Court program fees. All fees, drug testing and treatment must be paid in full in order to graduate.
- Offenders may be required to participate in classes dealing with parenting, cognitive self-change, living skills, communications, and mental health treatment in addition to the drug-counseling program. Offenders may also be required to attend AA or NA meetings.

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## **II. MENTAL HEALTH COURT OPERATIONS**

### ***A. ALL INVOLVED AGENCIES***

#### **Standard:**

*All agencies will collaborate with efforts to establish a Qualified MHC program that meets the State or County's minimum standards for administering a Mental Health Court.*

#### **Standard:**

*Each agency shall assign staff, and alternates, to be dedicated to the MHC based on personal interest in the program, interpersonal skills, motivation and professional abilities.*

#### **Practice:**

Whenever feasible, agencies will make full- or part-time staff assignments to the MHC for a minimum term of one year to ensure stability and continuity of day-to-day operations and to strengthen collaborative relationships between the key professionals.

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<sup>3</sup> Employed full time means a legally verifiable job. The judge may order an alternative to employment such as full time education or a combination thereof.

**Standard:**

*All agencies agree to provide and/or attend orientation and mandatory training for assigned staff in the MHC concept and on the day-to-day operation.*

**Standard:**

*All of the participating agencies agree to support the MHC program by making appropriate adjustments to internal policies, practices and procedures to ensure successful day-to-day operations of the program*

**Practices:**

The sponsoring District Court, Mental Health Court Coordinator, Prosecuting Attorney, Public Defender, Probation Officer, NAMI, Department of Health and Welfare, Law Enforcement and Treatment Provider(s) will, where appropriate:

- a. Provide administrative support for the development and compliance with agency-wide, uniform policies and procedures for all MHC operations
- b. Encourage agency-wide communication and cooperation between dedicated MHC personnel
- c. Develop agency-wide procedures to collect and maintain statistical and evaluation information based upon statewide and/or countywide standards

***B. IDENTIFICATION AND ASSESSMENT***

- 2.1 *Prospective Mental Health Court participants should be identified through a structured screening process designed to determine if they meet the Mental Health Court target population eligibility criteria.*

**Standard:**

*Defendants in custody will be referred to MHC in the quickest manner possible. If an opening is not available for MHC, there will not be a waiting list. When there is an opening, appropriate clients will be allowed entry into the program.*

**Practices:**

1. Referrals of potential cases to be screened will be made to the MHC Coordinator.
2. The Mental Health Court Coordinator will schedule a screening meeting so that the screening team can review the case(s).
3. If the case(s) screened are determined to be eligible, defense counsel and/or the probation officer will provide information regarding the MHC Program to the defendant and will evaluate potential defendants for willingness and ability to participate.

**Standard:**

*Defendants out of custody will be assessed for eligibility and suitability as soon as possible.*

2.2 *Screening procedures should include using consistent, written criteria and nationally standardized and validated instruments prior to acceptance into Mental Health Court.*

2.3 *Prospective Mental Health Court participants shall be screened for criminogenic risk and needs using the Level of Services Inventory – Revised (LSI-R) prior to acceptance into Mental Health Court. [IC §19-5604]*

4. Upon application by the defendant, the Treatment Provider(s) will interview and assess each defendant for suitability. The Department of Correction will conduct the LSI interview. Follow-up LSI assessments may be conducted prior to graduation for program evaluation purposes.
- 2.4 Because a high percentage of drug dependent offenders also have a diagnosable mental illness, it is recommended that each Mental Health Court develop procedures to identify participants with a mental illness, to refer them to an available mental health provider for evaluation and treatment, and to seek regular input from that provider regarding these participants. Screening for mental illness should use consistent state criteria prior to acceptance into Mental Health Court.
- 2.5 The treatment plan for substance abuse or dependence will be based on a clinical assessment, performed by a qualified professional, including a structured, bio-psycho-social assessment and a determination of the appropriate level of care, using current ASAM criteria. (American Society of Addiction Medicine)

Participants should be initially assessed and periodically reviewed by both court and treatment personnel to ensure that individuals are suitably matched to appropriate treatment and interventions.

5. Prior to or at the first Mental Health Court session, the parties will provide all essential documents to the MHC Judge including:
  - Defendant's Admission to the Probation Violation(s)
  - Defendant's MHC Waiver and Agreement
  - Substance Abuse Evaluation
  - Results of LSI screening

### **C. THE COURTROOM**

#### **Standard:**

*The Court recognizes the MHC calendar as a priority and will establish a specialized, separate court, on a part- or full-time basis, dedicated to the evaluation, treatment and supervision of eligible and suitable MHC defendants.*

#### **Standard:**

*The courtroom clerk, as an agent of the Clerk of the Court, shall keep the MHC Judge aware of administrative procedures that effect MHC operations, ensure that all MHC cases are processed in an efficient manner and assist the MHC Coordinator in gathering statistics to document the success or failure of MHC.*

#### **Practices:**

1. Mental Health Court sessions are held every Wednesday 11:00 a.m. with staffing held from 10:00 a.m. to 11:00 a.m. The court times are flexible, however, and may be subject to change as the number of clients increase. MHC sessions are not to replace treatment sessions scheduled for those days. Visitors in MHC will be subject to an oath of confidentiality.
2. MHC sessions will include the admittance and orientation of new participants into the Program in conjunction with progress reports of defendants previously admitted. Sessions will also include graduations of successful participants.
3. MHC sessions will include the termination of participants from the program for non-compliance. Termination hearings are held at the regularly scheduled MHC times to provide a deterrent to others in the program. The Court may schedule a termination hearing during the District Court's regular business hours to accommodate the jail, transfer, or court security personnel who would assist in bringing the offender to Court.
4. The Clerk's Office along with the MHC Coordinator will provide clerical support for the operation of the MHC and process all MHC cases as priority. Clerical support will include the timely preparation of court files, client roster, courtroom calendars, computer entries and collection of data to document the success or failure of MHC. All docket entries and/or minute orders shall follow common court practices and protocols.

#### **Standard:**

*Pursuant to the written policies of the Public Defender and Prosecuting Attorney, urinalysis results shall only be used to evaluate the participant's progress the Mental Health Court Program (See Appendix A for policy statement).*

**Practice:**

For purposes of sanctions and/or termination, a refused, altered or missed urinalysis test will be considered by the Court to be positive. A diluted test (creatinine level below 20 or one which the specific gravity indicates is diluted) is considered to be an altered (positive) test unless the client can provide a letter from a doctor that he/she has a naturally low creatinine level or some other medical reason for the level.

**Standard:**

*Pursuant to the written policies of the Public Defender and Prosecuting Attorney, statements made by Mental Health Court participants shall not be used in subsequent adversarial proceeding. (See Appendix A for policy.)*

**Standard:**

*All treatment-related documents, including progress reports, test results, etc. shall be placed in a confidential envelope. This envelope shall be ordered sealed at conclusion of the MHC Program. The Court files shall also be sealed with access granted to MHC team members and agents of the Department of Probation and Parole.*

**D. PROGRAM FEES****Standard:**

*All Mental Health Court participants shall be required to pay a monthly program fee or in lieu of payment, satisfy the requirements of an alternate plan (e.g. community service) as determined by the MHC Judge, which realistically reflects the individual's ability to pay and social situation.*

**Practices:**

1. Using an amount no greater than \$30.00 per month as a fee, the MHC Judge will set payment time frames on a case-by-case basis, with input from the treatment provider, probation officer, defense counsel and prosecuting attorney. If a client is terminated, any unpaid program fees and/or treatment costs may be submitted to the Court in the form of a Memorandum of Restitution and Order for Restitution.
2. The MHC Coordinator, in collaboration with the MHC Judge and court staff, will establish administrative and bookkeeping procedures to ensure collection of fees and regular reports to the Court.
3. Full payment of the fees, treatment, drug testing, court costs and/or completion of community service must be satisfied prior to graduation unless waived by the MHC Judge.

## ***E. SANCTIONS AND INCENTIVES***

### **Standard:**

*The MHC program must include a plan for graduated sanctions that may be applied as an immediate and direct consequence of program failure.*

### **Standard:**

*Promotion into each phase of the MHC Program shall only be determined by the Mental Health Court Judge on the condition that the participant has satisfied the established minimum criteria for advancement and upon agreement of the MHC team.*

### **Practice:**

The MHC Judge, at his discretion, may employ the following treatment interventions<sup>4</sup> to assist defendants in complying with the program:

- Increased drug testing
- Increased participation in outpatient individual and/or group sessions
- Increased frequency of court appearances before the MHC Judge
- Curfew
- Period of incarceration
- Community service work
- Attendance of AA/NA meetings
- Sheriff's Labor (SCILD) Program
- Writing assignments
- Home or GPS monitoring

## ***F. DATA COLLECTION & PROGRAM EVALUATION***

### **Standard:**

*The MHC shall establish an automated data collection and program evaluation process that will conform to requirements as established by the MHC Team.*

### **Standard:**

*The MHC shall appoint the MHC Coordinator to collect and maintain the statistical data for the Program and provide reports as requested.*

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<sup>4</sup> This list does not contain the only sanctions available. However, it is a list of the most commonly utilized sanctions.

## **Practices:**

1. The MHC Coordinator shall utilize the existing ISTARS Mental Health Court module and shall:
    - Input data on all active clients
    - Report any necessary adjustments to the ISTARS Coordinator with the Idaho Supreme Court
    - Provide training to all necessary MHC staff on utilization of the system
    - Ensure security of all MHC data within the system
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## **III. TREATMENT**

### ***State Mental Health Court Guidelines Pertaining to Treatment:***

#### **3.0 Treatment and Treatment Providers**

- 3.1 Treatment paid for by state funds will be provided in programs approved by the Idaho Department of Health and Welfare under promulgated *Rules and Minimum Standards Governing Alcohol / Drug Abuse Prevention and Treatment Programs*, which have been revised to address the needs of Mental Health Court participants. Treatment funded by other than state funds will be provided in programs approved by the Executive Committee of the Statewide Mental Health Court Coordinating Committee.
- 3.2 Treatment is primarily intended for chemically dependent individuals assessed as being of medium to high criminogenic risk. Low-risk individuals should be treated in a specialized, substantially separate track designed for participants with low composite criminogenic risk.
- 3.3 Treatment should be provided to address identified, individualized criminogenic needs.
- 3.4 Treatment should include the following:
  - (1) A cognitive behavioral model, including interventions designed to address criminal thinking patterns.
  - (2) Techniques to accommodate and address participant stages of change. Members of the Mental Health Court team should work together to engage participants and motivate participation. The consistent use of techniques such as motivational interviewing and motivational enhancement therapy should be employed to reduce client defensiveness, foster engagement, and improve retention.

- (3) Family treatment to address patterns of family interaction that increase the risk of re-offending, to develop family understanding of substance use disorders and recovery, and to create an improved family support system.
- (4) Referral of family members to appropriate community resources to address other identified service needs.
- (5) Incorporation of parenting and child custody issues and the needs of children in the participant's family into the treatment plan and addressing them through the effective use of community resources.
- (6) Monitoring of abstinence through random, **observed** urinalysis or other approved drug testing methodology that occurs no less often than twice weekly or ten times per month in the "Orientation and Engagement" and "Intensive Treatment" Phases and no less often than once per month during the remainder of Mental Health Court participation.
- (7) Regular clinical/treatment staffings to review treatment goals, progress, and other clinical issues.
- (8) The prompt and systematic reporting to the Mental Health Court treatment team of the participant's behavior, compliance with, and progress in treatment; the participant's achievements; the participant's compliance with the Mental Health Court program requirements; and any of the participant's behavior that does not reflect a recovery lifestyle.
- (9) Progressive phases that include the goals described below:
  - (a) The goals of the Orientation and Engagement Phase are to establish the participant's abstinence; to have him or her understand and accept that he or she has an alcohol/drug dependence problem; demonstrate initial willingness to participate in treatment activities; become compliant with the conditions of participation in Mental Health Court; establish an initial therapeutic relationship; and commit to a plan for active treatment.
  - (b) The goals of the Intensive Treatment Phase are to have the participant demonstrate continued efforts at achieving abstinence; develop an understanding of substance abuse and offender recovery tools, including relapse prevention; develop an understanding and ability to employ the tools of cognitive restructuring of criminal/risk thinking; develop the use of a recovery support system; and assume or resume socially accepted life roles, including education or work and responsible family relations.



(c) The goals of the Transition/Community Engagement Phase are to have the participant demonstrate continued abstinence; demonstrate competence in using recovery and cognitive restructuring skills, in progressively more challenging situations; develop further cognitive skills such as anger management, negotiation, problem solving and decision making, financial and time management; connect with other community treatment or rehabilitative services matched to identified criminogenic needs; demonstrate continued use of a community recovery support system; and demonstrate continued effective performance of socially-accepted life roles.

(d) The goals of the Maintenance/Aftercare Phase are to have the participant demonstrate internalized recovery skills with reduced program support; demonstrate ability to identify relapse issues, and intervene; and contribute to and support the development of others in earlier phases of the Mental Health Court program.

(10) The Orientation and Engagement and the Intensive Treatment Phases together should not be completed in less than 90 days and should provide at least 100 hours of planned therapeutic activity. The Orientation and Engagement, Intensive Treatment, and Transition/Community Engagement Phases together should typically be completed in 9 to 12 months. The Maintenance/ Aftercare Phase should be available to participants for a minimum of 6 months.

(a) Organizing the treatment goals into four phases herein is not intended to prevent a Mental Health Court from organizing these treatment goals into fewer or more phases in its particular program.

(b) Nothing herein is intended to recommend that a Mental Health Court organize its program so that a participant must complete all of the goals in one of these four phases before beginning treatment to achieve goals in the next phase. For example, a participant could begin treatment to attain goals in the Maintenance/Aftercare Phase before completing all of the goals in the Transition/Community Engagement Phase.

Rather, the intent is to recommend that a Mental Health Court organize its treatment into progressive phases with clearly-identified goals and that movement through its phases of treatment should be based on progress and demonstrated competencies in attaining those goals and not merely upon the participant's time in a phase.

- (c) Treatment intensity/phase assignment should be based on treatment need, including application of the American Society of Addiction Medicine (ASAM) Patient Placement and Continuing Stay Criteria, and should not be adjusted as a means of imposing a sanction for non-compliance, unless such non-compliance indicates a need for more intensive treatment.
- (d) Treatment services should be responsive to ethnicity, gender, age, and other characteristics of the participant.
- (e) Medications should be utilized in conjunction with treatment services if there is approved need.
- (f) Nothing herein is intended to recommend that the treatment provider perform all of the treatment activities listed in subsection (a). For example, in a particular Mental Health Court, the Department of Correction may provide cognitive restructuring treatment and the local sheriff may provide urinalyses.
- (g) The treatment provider shall have written guidelines describing how it will provide any of the treatment activities that are its responsibility, and the Mental Health Court shall have written guidelines describing how the remaining treatment activities will be implemented.

#### **A. THE TREATMENT PROGRAM**

##### **Standard:**

*All MHC participants shall be offered a comprehensive and integrated system of drug treatment and rehabilitation services to be supervised by the MHC Judge.*

##### **Standard:**

*Individualized treatment plans for participants shall consist of at least four distinct phases, all of which shall have specified treatment objectives, therapeutic and rehabilitative activities and requirements for graduation.*

## Practice:

### Phases

#### Phase One “Orientation and Engagement” 12 Weeks Minimum

- ◆ Report to probation officer in person at least once (1) a week or as directed by the probation officer.
- ◆ Cooperate with Assertive Community Treatment (ACT) team to determine a treatment plan. Remain or become compliant with ALL mental health treatment directives. This will include daily medication monitoring throughout Phase I.
- ◆ Attend alcohol/drug counseling and/or self-help meetings at least once daily seven (7) days a week as directed by the treatment team and probation officer. Provide written verification as directed by the probation officer.
- ◆ Submit to random urinalysis and/or BAC tests one (1) to three (3) times per week or as directed by any member of BCMHC team.
- ◆ Attend court at least once (1) per week.
- ◆ Obtain a support sponsor (i.e. National Alliance for Mental Illness (NAMI)) within 30 days of sign-up. Contact sponsor at least once per week and provide written verification as directed by the probation officer.
- ◆ Comply with any additional referrals as directed by the BCMHC team.
- ◆ Pay a BCMHC fee per month.

#### Minimum Points Required to Complete Phase I: 224

<b>Phase I (12 wk minimum) Activity</b>	<b><u>Points</u> Per week</b>	<b><u>Points</u> Per month</b>	<b><u>Points</u> after 12 weeks</b>
Meet with PO (1x per week)	1	4	12
Comply with ACT team Treatment/daily monitoring (7x per week)	7	28	84
Attend substance abuse counseling (7x per week or as required)	7	28	84
Submit to UAs (1-3 x week or as required)	1-3	4-12	12-36
Attend BCMHC (1x per week)	1	4	12
Obtain support sponsor (within 30 days of sign-up)	0	0	1
Contact sponsor (1x per week)	1	4	12
Attend additional referrals	1	4	12
Pay MHDC fee	0	1	3
Pay Cost of Supervision	0	0	1
Pay fines (if levied)	0	0	1
<b>Total minimum points</b>	<b>19-21</b>	<b>77-85</b>	<b>224-259</b>

Phase Two “Intensive Treatment” 12 Weeks Minimum

- ◆ Report to probation officer in person at least three (3) times per month or as directed by the probation officer.
- ◆ Remain compliant with ALL mental health directives. This includes strict compliance with medication recommendations.
- ◆ Submit to random urinalysis or BAC tests at least one (1) time per week or as directed by BCMHC team.
- ◆ Attend alcohol/drug counseling and/or self-help meetings a minimum of five (5) days a week as directed by the treatment provider and probation officer. Provide written verification as directed by the probation officer.
- ◆ Attend BCMHC at least three (3) times per month.
- ◆ Continue to contact sponsor at least once (1) per week and provide written verification as directed by the probation officer.
- ◆ Pay a BCMHC fee per month.

Minimum Points Required to Complete Phase II: 179

<b>Phase II (12 wk minimum) Activity</b>	<b><u>Points</u> Per week</b>	<b><u>Points</u> Per month</b>	<b><u>Points</u> after 12 weeks</b>
Meet with PO (3x per month)	0	3	9
Comply with ACT team Treatment/daily monitoring (7x per week)	7	28	84
Attend substance abuse counseling (5x per week or as required)	5	20	60
Submit to UAs (1 x week or as required)	1	4	12
Attend BCMHC (3x per month)	0	3	9
Contact sponsor (1x per week)	1	4	12
Pay MHDC fee	0	1	3
Pay Cost of Supervision	0	0	1
Pay fines (if levied)	0	0	1
<b>Total minimum points</b>	<b>13</b>	<b>59</b>	<b>179</b>

Phase Three “Transition and Engagement” 12 Weeks Minimum

- ◆ Report to probation officer in person at least two (2) times per month or as directed by the probation officer.
- ◆ Remain compliant with ALL mental health directives.
- ◆ Attend alcohol/drug-counseling an/or self help meetings a minimum of three (3) days a week as directed by the treatment provider and probation officer. Provide written verification as directed by the probation officer.
- ◆ Submit to random urinalysis or BAC tests at least one (1) time per week or as directed by BCMHC team.
- ◆ Attend BCMHC at least two (2) times per month.
- ◆ Continue to contact your sponsor at least once (1) per week and provide written verification as directed by the probation officer.
- ◆ Attend cognitive self-change/moral recognition therapy/breaking barriers once (1) per week.
- ◆ Pay a BCMHC fee per month.

Minimum Points Required to Complete Phase III: 161

<b>Phase III (12 wk minimum) Activity</b>	<b><i>Points</i> Per week</b>	<b><i>Points</i> Per month</b>	<b><i>Points after</i> 12 weeks</b>
Meet with PO (2x per month)	0	2	6
Comply with ACT team Treatment/daily monitoring (7x per week)	7	28	84
Attend substance abuse counseling (3x per week or as required)	3	12	36
Submit to UAs (1 x week or as required)	1	4	12
Attend BCMHC (2x per month)	0	2	6
Contact sponsor (1x per week)	1	4	12
Pay MHDC fee	0	1	3
Pay Cost of Supervision	0	0	1
Pay fines (if levied)	0	0	1
<b>Total minimum points</b>	<b>12</b>	<b>53</b>	<b>161</b>

#### Phase IV — 6-Month Minimum

- ◆ Report to probation officer in person at least once a month.
- ◆ Attend treatment as instructed by the treatment provider.
- ◆ If directed, attend self-help meetings a minimum of two (2) times a week and provide written verification as directed by the probation officer.
- ◆ Submit to random urinalysis and/or BAC tests as requested by the BCMHC team.
- ◆ Attend BCMHC once a month.
- ◆ If directed, continue to contact sponsor at least once per week and provide written verification as directed by the probation officer.
- ◆ Attend cognitive self-change/moral recognition therapy/breaking barriers (1) once per week.
- ◆ Pay a BCMHC fee per month and be current with other fees and fines. (Other fees and fines may include, but are not limited to, court fines, treatment fees, and drug testing fees.).
- ◆ Maintain employment or participate in continuing education as directed.

#### No points required to complete Phase IV

##### **Standard:**

*Although actual length of treatment program for each participant will vary greatly depending upon individual progress and drug test results, the total period for treatment and court supervision shall be no less than fourteen months.*

##### **Standard:**

*Termination from the program shall only be determined by the MHC Judge with appropriate input from the MHC staffing team.*

#### **B. THE TREATMENT PROVIDER**

##### **Standard:**

*The MHC Program shall utilize only established drug treatment agencies that are licensed and/or certified by the State.*

##### **Standard:**

*The treatment provider shall designate a specific staff person - and a designated alternate - to serve as liaison to the MHC and to attend all MHC Sessions.*

##### **Standard:**

*Prior to a judicial determination of acceptance into the MHC Program, the treatment provider shall provide the court with a written substance abuse evaluation as to the "suitability" of the defendant for the program.*

**Practice:**

1. “Suitability” for the MHC Program should be limited to persons who:

- ❖ Are willing to comply with the court order to drug treatment;
- ❖ Are 18 years or older and are convicted in adult court;
- ❖ Have a history of substance abuse;
- ❖ Do not have a history of violence or sexual offenses;
- ❖ Are diagnosed with schizophrenia, schizoaffective disorder, bipolar disorders, severe mood disorders, psychotic disorders, delusional disorders, and/or borderline personality disorder
- ❖ Are able to physically participate in treatment activities (within guidelines of American Disabilities Act).

**Standard:**

*Prior to completion of Phase I, the treatment provider shall prepare an initial assessment and treatment plan for each MHC participant.*

**Standard:**

*Prior to each MHC appearance, the treatment provider and the probation officer shall submit to the Court a summary progress report that documents compliance with treatment appointments and any relevant case information that can be appropriately shared with the judge in open court. This progress report may be submitted using the ISTARs Mental Health Court module.*

**Standard:**

*The treatment provider and/or probation officer shall maintain for each participant confidential case management documentation including, but not limited to: initial assessments and treatment plans, progress notes, services provided, attendance records and drug test results and report awarding or removing points from the clients to the coordinator.*

**C. RANDOM DRUG TESTING**

**Standard:**

*The Coordinator shall collaborate with the MHC Judge, Prosecuting Attorney and Public Defender to develop and implement a plan for random, observed urinalysis drug testing of participants.*

## **Practices:**

The Coordinator shall:

- a. Contract with a laboratory to conduct urine drug testing that meets the minimum standards for federal agencies and includes holidays and weekends.
- b. Develop policies and procedures to ensure security and reasonable controls to deter tampering or misrepresentation of specimens or test results.
- c. Develop procedures to ensure that the participant is randomly tested and that the frequency of tests is appropriate for the treatment phase and in accordance with the orders of the MHC Judge.
- d. Maintain and secure test result records for each defendant and develop a reporting format and procedure for presenting testing results to the MHC Judge, treatment provider and probation officer prior to all scheduled court appearances.
- e. The treatment provider and/or the probation officer shall communicate urinalysis results to each client during their visit to the treatment center or probation meeting.

## **Standard:**

*The treatment provider and/or probation officer, in collaboration with the MHC Judge and county and city departments, shall establish a localized network of public and private agencies through memoranda of understanding or other formal agreements to provide support services to participants which at a minimum include individual assessments and job placement.*

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## **IV. CASE MANAGEMENT AND SUPERVISION**

- 4.1 Each participant appears in court for a status hearing at least once per month, and more frequently during Phase I and II of treatment or if the participant is not in compliance with Mental Health Court requirements.

Research shows that high-risk Mental Health Court participants have better outcomes if they appear in court every two weeks.

- 4.2 Prior to each of his or her court appearances, each participant's treatment progress and program compliance shall be discussed at a staffing by the Mental Health Court team. During that staffing, the Mental Health Court team shall also discuss rewards or sanctions for the participant and phase movement or graduation.



- 4.3 Mental Health Court team members are those personnel who regularly meet during Mental Health Court staffings to monitor progress and to discuss sanctions and phase movement or graduation. The Mental Health Court team consists of the Mental Health Court judge, deputy public defender(s), deputy prosecutor, deputy clerk, probation officer, treatment provider, jail personnel, drug testing personnel, members of NAMI, and coordinator.
- 4.5 All Mental Health Court team members are specifically identified in the “consent(s) for disclosure of confidential information” signed by the participant.
- 4.6 The judge serves as the leader of the Mental Health Court team and maintains an active role in the Mental Health Court processes, including Mental Health Court staffing, conducting regular status hearings, imposing behavioral rewards, incentives and sanctions, and seeking development of consensus-based problem solving and planning.
- 4.7 The Mental Health Court team shall meet quarterly in a forum dedicated to addressing program issues such as cross training, policy changes, program development, quality assurance, communication, and problem solving.
- 4.8 Community supervision plays a significant role in the Mental Health Court program. Home visits conducted by appropriately trained personnel are a key element in community supervision.
- 4.10 Drug testing is available on weekends.
- 4.11 The Mental Health Court shall give each participant a handbook setting forth the expectations and requirements of participation and the general nature of the rewards for compliance and sanctions for noncompliance.
- 4.12 Research has shown that for sanctions to be effective, they must be, in order of importance: (a) certain, (b) swift, (c) perceived as fair, and (d) appropriate in magnitude. While sanctions for noncompliance should generally be consistent, they may need to be individualized as necessary to increase effectiveness for particular participants. When a sanction is individualized, the reason for doing so should be communicated to the participant to lessen the chance that he or she, or his or her peers, will perceive the sanction as unfair.

Research has shown that successive sanctions imposed on a participant should be graduated to increase their effectiveness.

Any increase in treatment intensity should be in addition to a sanction imposed for noncompliance. It is important that the judge convey to the participant that the sanction for noncompliance is separate from the change in treatment intensity. Changes in treatment intensity should be based upon clinical need and not imposed as a sanction for noncompliance.

- 4.13 Positive responses, incentives, or rewards to acknowledge desired participant behavior are emphasized over negative sanctions or punishment. Research shows that four positive reinforcements to each punishment is most effective.
- 4.14 All members of the Mental Health Court team should maintain frequent, ongoing communication of accurate and timely information about participants to ensure responses to compliance and noncompliance are certain, swift and coordinated.
- 4.15 The Mental Health Court should have a written policy and procedure for adhering to appropriate and legal confidentiality requirements and should provide all team members with an orientation regarding the confidentiality requirements of 42 USC 290dd-2, 42 CFR Part 2.
- 4.16 Participants must sign an appropriate consent for disclosure<sup>5</sup> upon application for entry into Mental Health Court.
- 4.17 Care should be taken to prevent the unauthorized disclosure of information regarding participants. Progress reports, drug testing results, and other information regarding a participant and disseminated to the Mental Health Court team, must not be placed in a court file that is open to examination by members of the public. Information regarding one participant should not be placed in another participant's file.

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## **V. ROLE OF THE JUDGE**

### **Standard:**

*The focus and direction of a Mental Health Court program are provided through the effective leadership of a single Mental Health Court judge.*

### **Practices:**

1. The Judge is in a unique position to exert effective leadership in the promotion of coordinated drug control efforts.

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<sup>5</sup> See Attachment – Consent for Disclosure

2. To encourage full commitment to the success of a MHC Program, the Judge must allow program staff to participate fully in the design and implementation of the program.
  3. Partnerships should be formed between the Judge, all affected criminal justice agencies and the treatment providers, which will allow collaboration in decision-making, sharing of resources and coordination of efforts.
  4. The Judge is responsible for maintaining a non-adversarial atmosphere in the MHC. All staff must see their job as the facilitation of the participant's rehabilitation.
  5. The Judge must be one of the key motivational factors to convince the offender to seek rehabilitation. Less formal and more frequent court appearances must be scheduled to allow the judge to motivate and monitor the participants.
  6. The Judge should conduct court such that all participants benefit by observation of others as they progress (or fail to progress) in treatment and the Court takes appropriate action.
  7. The MHC Judge must be willing to serve as program advocate and represent the program in the community, before government and criminal justice agencies and other public forums and be willing to seek funding for the program.
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## **APPENDIX A**

### **MENTAL HEALTH COURT POLICY RE: URINE RESULTS AND STATEMENTS**

#### **URINE RESULTS**

Urinalysis results will only be used to assist the court and health care providers in evaluating the client's progress. The results will only be used to determine the defendant's progress; to determine if the treatment plan needs modifying; or, as an aid, in determining whether the individual should be terminated or graduated from the program. Therefore, under no circumstances shall urinalysis results be used as evidence of a new crime, a violation of probation or in any other manner not consistent with the goals of the Mental Health Court.

#### **STATEMENTS**

The primary purpose of this program is treatment. Therefore, any statements made by a defendant participating in the program shall not be used against him/her in any subsequent adversarial proceeding. However, spontaneous statements made by the defendant in open court, which refer to unrelated felonious criminal activity and which are not related to the defendant's participation in the Mental Health Court program, may be admissible in other criminal proceedings and such admissibility shall be determined in an evidentiary hearing according to the Rules of Evidence.

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## APPENDIX B

### SAMPLE MENTAL HEALTH COURT PARTICIPANT AGREEMENT

# ***MENTAL HEALTH COURT PARTICIPANT AGREEMENT***

## ***BANNOCK COUNTY FELONY MENTAL HEALTH COURT***

NAME:

\_\_\_\_\_  
Last Middle First

ADDRESS:

\_\_\_\_\_  
Street Apt. # City State Zip

PHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ CR \_\_\_\_ - \_\_\_\_ - \_\_\_\_.

ALTERNATE CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

*I have chosen pursue treatment in the Mental Health Court program. To assure my full participation in this program, I agree to the following terms:*

1. I agree that should I be terminated or voluntarily withdraw from the Mental Health Court ("Court"), **I will be sentenced for the charge to which I have plead guilty and will not have the opportunity to withdraw my guilty plea.**
2. I understand that if I am not accepted into the Court, I will be allowed to withdraw my guilty plea and my case will be set for further court appearances.
3. I will fully participate in treatment and in all other programs to which I am referred during the Mental Health Court Program.
4. I will sign a probation agreement with the State of Idaho Department of Probation and Parole and fully comply with all requirements of probation. I understand that I must attend all scheduled sessions and appointments made by the Court team and treatment provider(s). If it is necessary to miss any sessions, I will notify the treatment supervisor and/or probation officer and bring written documentation from my employer or health care provider to verify my reason for missing the appointment. If I fail to call or bring

verification to my next scheduled session, it will be considered an un-excused absence that may result in a sanction. Each absence, whether excused or not, will be included in the status report sent to the Judge.

5. I agree to have no future violations of the law. Any additional charges or citations may result in sanctions and/or termination from the Court.
6. I agree I will be on time for all treatment, meetings, court dates and other scheduled appointments.
7. I agree to pay all court ordered obligations, which may include but are not limited to previous fines owed, fees, restitution and/or child support, as directed by the Court.
8. I agree that I will not use or possess any controlled substance or other illegal drug, nor will I associate with persons who use or possess any controlled substances or other illegal drugs. I understand that I must complete a Medication Notification form and submit it to the Court for any and all prescription medications and over the counter medications I am taking. I agree that all such prescription and over the counter medications must not contain alcohol or habit forming substances unless there is no appropriate alternate medication available. I will notify my probation officer and treatment provider of any changes to my prescriptions/medicine within 24 hours of any such change.
9. I agree to submit to random testing to determine the presence of alcohol and/or drugs in my blood, urine and or breath by any member of the Court team. I understand and agree that chain of custody and validity of testing procedures are not required and the result of any test is admissible as evidence in Court. If I feel a test result is in error I may request another test at my own expense.
10. I agree that any attempt to falsify blood, urine and/or breath tests is a violation of my Court contract and may result in a sanction. I understand that a missed test, insufficient sample, or inconclusive result is considered a positive test for drugs and/or alcohol and may be subject to the same sanctions as a positive test.
11. I agree that if I am found to have been using alcohol/drugs prior to or when I arrive for treatment, counseling, court, etc. I will not be allowed to participate. I agree to surrender my vehicle keys to the person conducting the session or I will call someone who is not under the influence to drive me home. I further understand that if I insist on driving, then law enforcement will be notified and given a description of the vehicle I am driving.
12. I agree that I shall not frequent any establishment where the primary source of income is from the sale of alcohol.
13. I agree that failure to fully participate, failure to appear, positive urine tests or other program failures may result in a sanction or termination from the program as explained in the Participant Handbook.

14. I agree to sign a consent form waiving the confidentiality of my medical, treatment, or social services record while I am a participant in Mental Health Court.
15. I agree that a failure to appear for Court or any other breach of this agreement may result in an immediate issuance of a bench warrant for my arrest.
16. I understand that I may not change my address and/or cell phone number without prior permission of the Court and that I may not leave the territorial limits of the State of Idaho without written consent of the Court.
17. I agree that I will seek and maintain employment, education/vocational training or a suitable alternative approved by the Court and shall not change employment or program without first obtaining permission of the Court.
18. I agree and consent to search of my person, personal property, automobiles and residence without a search warrant at any time and at any place by the Mental Health Court Judge, probation officer or law enforcement officer(s) and waive my constitutional right to be free from such warrantless searches.
19. I agree that I shall not purchase, conceal, carry or have in my possession any firearm, ammunition, explosives and/or other weapons unless approved by my probation officer or the Court team. I agree that any such items in my possession or control in violation of this paragraph shall be seized and forfeited to local law enforcement agencies for disposal.
20. I agree that I will be represented by the Bannock County Public Defender's office during the time I am in the Mental Health Court program. I understand that I am waiving my right to have a private attorney while I am in the Mental Health Court program. My attorney has advised me, and I understand, that the Public Defender assigned to the Mental Health Court operates in a non-traditional role. I understand the Public Defender represents me and works as part of the Mental Health Court team in trying to decide what actions will best assist my treatment, including both incentives and sanctions. He or she is not required to specifically follow my directions as to how to represent me. I understand that the Public Defender assigned to the Mental Health Court program may have potential conflicts of interest, such as but not limited to the fact that, there may be persons in the program who are co-defendants in the crime with which I am charged. I understand that in order to enter the Mental Health Court program, I waive any conflicts of interest in my representation by the Bannock County Public Defender's office because I understand and agree that the program focuses on assisting in my treatment rather than challenging the underlying criminal charge.
21. I have read and understand the Bannock County Mental Health Court Participant Handbook and I agree to abide by all terms and provisions for participation in the program.

22. **I HAVE READ AND UNDERSTAND THE BANNOCK COUNTY MENTAL HEALTH COURT PARTICIPANT AGREEMENT. I HAVE REVIEWED THIS DOCUMENT WITH MY ATTORNEY AND I AGREE TO ABIDE BY ALL TERMS AND PROVISIONS FOR PARTICIPATION IN THE PROGRAM.**

\_\_\_\_\_  
MENTAL HEALTH COURT PARTICIPANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARTICIPANT'S ATTORNEY

\_\_\_\_\_  
DATE



CASE NUMBER: \_\_\_\_\_

**BANNOCK COUNTY MENTAL HEALTH COURT - CONSENT FOR  
DISCLOSURE OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_, hereby give my permission for an  
(Name of Defendant)  
ongoing exchange of information among \_\_\_\_\_,

Treatment provider (s)

and the following individuals and agencies working together in the Bannock County Mental Health Court

- ☐ Mental Health Court Presiding Judge
- ☐ Prosecuting Attorney or Deputy Prosecuting Attorney
- ☐ Public Defender / other Defense Counsel
- ☐ Mental Health Court Coordinator / Mental Health Court Staff
- ☐ Local law enforcement agency personnel, in their capacity as a mental health court team member
- ☐ Idaho Department of Correction Probation or Pre-sentence staff
- ☐ Other service agencies who are providing services to participants of this court
- ☐ My victim(s), to the extent my information is in the pre-sentence investigation report
- ☐ Department of Health and Welfare and its substance abuse management contractor
- ☐ National Alliance on Mental Illness
- ☐ Joshua D. Smith Foundation
- ☐ Vocational Rehabilitation

and also

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Relationship

The purpose of, and need for, this exchange of information is to provide information about my eligibility for and participation in mental health court, about the treatment I need, and about my progress. The information to be exchanged may include information about my diagnosis, treatment plan, treatment attendance, program compliance, progress, and prognosis related to each mental health court phase of participation. This information will allow the team to plan and coordinate the services I need, to impose appropriate sanctions or incentives for my behavior, to submit billings for my services, to maintain data about me, and to audit, evaluate, or conduct research about mental health court activities and effectiveness. It will also allow any persons named in this consent (such as family members) to be involved in my mental health court activities. I further understand that some or all of this information will be discussed in open court, where any person in the courtroom, including approved visitors, may hear the information. The nature of the information to be shared will include, but is not limited to: medical history, including current assessments, diagnosis, treatment and medications, arrest and prior criminal record, risk and alcohol/drug use assessment and diagnosis information, treatment plans, court directives, drug test results, progress reports, reports of program compliance and other related behavior, and recommendations for services, sanctions, and incentives.

Disclosure of this otherwise confidential information may be made only as necessary for, and pertinent to, hearings, case planning, treatment and/or reports concerning the above referenced Case Number. No person, other than as listed above, will have access to this information without my further consent.

I understand that this consent will remain in effect until there has been a formal and effective termination of my involvement with the mental health court for the above referenced case, either by my successful completion of the mental health court requirements OR upon sentencing for my original offense, if I am terminated from mental health court, OR upon written revocation. I understand that revoking this consent will result in my termination from mental health court. I agree that the disclosure of the above information, prior to mental health court termination, sentencing, and / or revocation of this consent shall not be a breach of my right to confidentiality.

I understand that any disclosure made regarding substance abuse treatment is bound by Part 2 of Title 42 of the Code of Federal Regulations (42CFR, part 2), which governs the confidentiality of substance abuse patient records and that recipients of this information may re-disclose it only in connection with their official duties, and only with respect to these particular criminal proceedings.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Defendant Printed Name

\_\_\_\_\_  
Defendant Signature

**Notice to Receiving Person or Organization: Prohibiting Re-disclosure w/o Consent**

This notice accompanies a disclosure of information concerning a client in alcohol/drug abuse treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by Federal confidentiality rules (42 C.F.R. Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Version 03/06